

SCREENING FORM

1. Name of Participant: (First, Middle Initial, Last) _____

2. Case Number Identification:

Medicaid Number	
Social Security Number	
Patient Account Number	

3. Eligibility: ☐ Medicaid ☐ Foster Care ☐ Child Protective Services

4. Date of Assessment: (Month, Date, Year) _____

5. Age of Participant: _____ Date of Birth: (Month, Date, Year) _____

6. Gender of Participant: ☐ Male ☐ Female

7. Racial or Ethnic Background of Participant: (Check one)

☐ White or Anglo, Not of Hispanic Origin ☐ Asian or Pacific Islander ☐ Black, Not of Hispanic Origin
☐ Hispanic ☐ American Indian ☐ Other: _____

8. Parent/Guardian: _____ SSN: _____

Environmental

9. Address of Participant:

Street Address:		
Mailing Address: (If Different from Street Address)		
City/Town:	State:	Zip Code:
Telephone: (Home)	(Other)	<input type="checkbox"/> No Telephone

10. Household Members:

Name	Relationship to Participant	Age	Grade	School or Place of Employment of Household Members

11. Financial Support: (Check All That Apply)

- ☐ Employment ☐ Unemployment Benefits ☐ Family Independence ☐ Food Stamps
☐ Social Security ☐ Disability ☐ Other: (Specify) _____

12. Dwelling and Living Conditions:

- ☐ Apartment ☐ House ☐ Manufactured Home ☐ Public Housing
☐ Own ☐ Rent ☐ Housing Assistance ☐ Other: _____
☐ Condition of the Home: _____

13. Access to Transportation: (Check One)

- ☐ Have Transportation ☐ No Transportation ☐ Have Access to Transportation ☐ No Access to Transportation

14. Name of the Head of Household: _____ SSN: _____

15. Household Income: (Check One)

- ☐ Less than \$9,900 ☐ \$10,000 - \$12,000 ☐ \$12,001 - \$14,999 ☐ Over \$15,000

16. Employment Status of the Mother/Guardian: ☐ Full-Time ☐ Part-Time ☐ Not Employed ☐ Other: _____

17. Employment Status of the Father/Guardian: ☐ Full-Time ☐ Part-Time ☐ Not Employed ☐ Other: _____

18. Martial Status of Parent (s): ☐ Married ☐ Single ☐ Separated ☐ Widowed ☐ Other: _____

19. Does Parent (s), guardian or other household member have a history of drug/alcohol abuse?

- ☐ Yes ☐ No ☐ Unknown

If yes, specify name of individual and relationship to participant: _____

Type of drug/alcohol: _____

Referral/ Health Risk Factors

20. What was the referral source for MAPPS? (Check One)

- ☐ DSS ☐ Teacher ☐ Counselor ☐ Relative ☐ Friend ☐ Other: (Specify) _____

21. Referral Risk Factor (s): (Check All That Apply)

- ☐ Parent (s) were Teen Parents ☐ Sibling is Pregnant and/or Teen Parent ☐ Participant is a Teen Parent
☐ Peer Pressure to engage in sexual activity is identified as a problem by the adolescent
☐ Participant is Sexually Active and/or has a history of Sexual Abuse

22. Is the participant currently sexually active? ☐ Yes ☐ No

If no, has the participant ever been sexually active? ☐ Yes ☐ No

23. Has the participant ever been an expecting parent (abortion/fetal death)? ☐ Yes ☐ No

24. Has the participant ever used a birth control method? ☐ Yes ☐ No

Method Used: (Check All That Apply)

- ☐ Birth Control Pills ☐ Condom ☐ Depo-Provera Shot ☐ Diaphragm ☐ IUD ☐ Norplant
☐ Rhythm ☐ Other: _____

25. Does the participant understand or know the health risks associated with having sex? ☐ Yes ☐ No

26. Has the participant ever had a STD? ☐ Yes ☐ No If yes, specify: _____

27. Has the participant ever experimented with alcohol, tobacco, and/or other drugs? ☐ Yes ☐ No

If yes, what kind? _____

Educational/Career

28. Name of school the participant attends: _____

29. Present grade of participant: _____

30. Special needs of the participant: (Check All That Apply)

☐ None ☐ Attention Deficit Disorder (ADD) ☐ Learning Disability ☐ Emotionally Handicapped

☐ Other: (Specify) _____

31. What are the parent/guardian's educational/career goals for the participant? (Check One)

☐ Partial High School ☐ High School Diploma ☐ College (B.S., etc.) ☐ Professional Degree (Ph.D., etc.)

☐ Technical School ☐ Work ☐ Don't Know ☐ Other: _____

What are the participant's education/career goals? (Check One)

☐ Partial High School ☐ High School Diploma ☐ College (B.S., etc.) ☐ Professional Degree (Ph.D., etc.)

☐ Technical School ☐ Work ☐ Don't Know ☐ Other: _____

32. Does the participant engage in extracurricular activities? ☐ Yes ☐ No

If yes, list activities: _____

33. How does the participant spend his/her free time?

After School: _____

Weekends: _____

34. Does the participant have any household rules to follow? ☐ Yes ☐ No

If yes, what are some household rules that the participant has to follow? (Keep Room Clean, Do Housework, Wash Dishes or Cook, Curfew, No Dating, Do School Work, etc.)

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Does the participant abide by the rules? ☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Not at all

35. Do the household rules cause any conflict for the parent/guardian and the participant? ☐ Yes ☐ No

If yes, explain: _____

What are the parent/guardian's and the participant's feelings about the household rules? _____

36. Does the participant have a curfew? ☐ Yes ☐ No

If yes, specify time and day (s) of the week: _____

Does the participant adhere to the curfew? ☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Not at all

37. Does participant have friends? ☐ Yes ☐ No

If yes, gender and age? _____

When they spend time together, what do they do? _____

How does the participant get along with friends? _____

38. How does the participant get along with adults? (Including teachers) _____